

REQUEST FOR PROPOSALS

Rapid Test Counseling, Testing, Referral Services

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INFORMATION SUMMARY PAGE

BUREAU: Bureau of Epidemiology and Disease Prevention

PROGRAM: HIV/STD Program

FUNDING SOURCE: Through a cooperative agreement with the Centers for Disease Control and Prevention, Program announcement 99004.

PROJECT PERIOD: Three year contract based on feasibility of funding, availability of funds, and satisfactory performance of contract objectives. The funding period will be July 1, 2004, through June 30, 2005 with two one year extensions.

Services to be delivered: Counseling, Testing, Referral and Partner Counseling with Rapid Testing. This includes HIV antibody testing and counseling services which will identify high or increased risk clients and their partners who present for testing. This includes:

Primary populations:

1. HIV Positive (HIV+) individuals and their sex partners
2. Men who have Sex with Men (MSM) and their sex partners
3. Injection drug users(IDU) and their sex and needle exchanging partners

Secondary populations

1. Male Female sex (MFS) multiple partners (2 in 6 mo)
2. STD Contact
3. Current or previous STD Screen (only if your site does STD testing)
4. MFS for money or drugs
5. Suspect TB Disease (not just PPD+)
6. Male Female Sex (MFS) Rape Survivor

Service Delivery Area: To be determined by the applicant. The entire state of Kansas is targeted.

Funding Purpose: To support the provisions of HIV counseling, testing, referral and partner counseling and referral service (CTR/PCRS) activities using Rapid Testing.

Funding Restrictions: Funds are to only be used to meet the objectives of the contract.

Reporting Requirements: The Contractor agrees to complete and submit all required documents to the Kansas Department of Health and Environment in accordance with CDC required reporting. The following reports shall include, but not be limited to:

- a) Reporting of demographics to the KDHE Program Coordinator using the CTS computer system/web based reporting by the 7th of the month.
- b) Referral of positives to a counseling and testing site that offers Blood testing or OraSure testing.
- c) Reporting of laboratory compliance information.
- d) Reporting of quarterly summary of testing by the 10th of the month following the end of the quarter.

Need for Letters of Agreements (LOA's): If LOA's are referenced for collaborating agencies in the application, they must be included with the submission as attachments.

Application Due Date: Three printed copies of the application must be no later than Monday, December 15, 2003, at the close of business

Target Populations: This contract will focus on high and increased risk individuals and their partners. "High/Increased Risk" clients defined in the section "Services to be Delivered".

Low risk clients are not to be tested under this contract.

Description of the Review Process: All applications will be subject to a technical review to assure that all required documentation has been included. Applications successfully clearing the technical review will receive a comprehensive evaluation and scored appropriately. KDHE reserves the right to reject any and all applications.

Final funding decisions will be based on overall scores of the application, geographic need, addressing priority populations, targeted interventions, and past agency performance (if applicable).

KDHE Website Resources: Materials relevant to the application process will be available for viewing and/or downloading at the KDHE HIV Prevention Program website at: www.kdhe.state.ks.us/hiv-std/

WHO IS ELIGIBLE TO APPLY?

Use this list before you begin writing your application to determine if your organization is eligible to apply for funding under this program announcement.

Any incorporated non-profit community-based organization, local health department, or governmental agency in the state of Kansas is eligible to apply. The applicant must also meet the following requirements:

1. Have a current documented 501(c)(3) non-profit, tax exempt status for non-profit organizations.
2. Have provided HIV prevention or care services to the proposed target population(s) in the last 2 years.
3. Have discussed with the Kansas Department of Health and Environment, HIV Counseling and Testing Coordinator the details of the proposed counseling, testing and referral program and agree to follow health department guidelines for these services.
4. Have a letter of intent from a physician stating his/her involvement in HIV testing activities. If selected for funding, the agency must have a memorandum of agreement with the

physician to oversee all medical procedures related to the HIV testing site.

5. Not be an organization included in the category described in section 501 (c) (4) of the Internal Revenue Code of 1986 that engages in lobbying activities.

6. KDHE reserves the right to reject any and all applications.

HIV/AIDS PREVENTION
Application for
RAPID TEST COUNSELING AND TESTING REFERRAL AND
PARTNER COUNSELING AND REFERRAL SERVICES (CTR/PCRS)

INSTRUCTIONS FOR SUBMISSION OF APPLICATION

The Kansas Department of Health and Environment (KDHE), HIV/AIDS Program is currently accepting applications for Rapid Testing counseling and testing services. All testing is to be done in accordance with The New "Yellow book" (Revised Guidelines for HIV Counseling, Testing, and Referral - November 9, 2001) also available on the KDHE web site.). **All applications must be submitted to KDHE received by mail OR hand delivered no later than Monday December 15, 2003, close of business.**

All existing sites, as well as sites interested in initiating Rapid Testing HIV counseling and testing services, must submit an application. Applications will be evaluated based on the scores listed on the application guidelines.

REGIONAL NEED BASIS

KDHE has identified in the epidemiologic profile the priority target populations for counseling and testing services. This includes regional needs for HIV prevention counseling and testing. Applications will be reviewed based on the identified target populations and the proposed plan to meet those populations' needs. In supporting your application targets other or more specific populations, utilize definitive supporting data (i.e. surveillance epidemiological data, counseling and testing data, CDC surveillance data etc.) to strengthen your application.

RACIAL/ETHNIC COMMUNITIES

Because racial/ethnic minorities have experienced disproportionately high rates of HIV infection, applications may be strengthened if they address the priority populations with an emphasis on counseling and testing services for racial/ethnic communities. For information related to racial/ethnic populations related to HIV, you can view the HIV/AIDS Surveillance report on the KDHE web site. <http://www.kdhe.state.ks.ys/hiv-std/download/epiprofile.pdf>.

FUNDS AVAILABILITY

Depending on federal funding availability, there will be approximately \$50,000 available for Rapid testing. **There will be the possibility of sites being provided with the test kits by KDHE.** Additional supplies are the responsibility of the site.

Funding will be on the basis of \$10,000 for each of five sites. Each site will estimate the total number of tests to be performed and submit their application based on that calculation.

Payment will be as follows:

- a) 50% of the grant will be paid July 1, 2004

b) 25% of the grant will be paid October 1, 2004

c) 25% of the grant will be paid January 1, 2005

The same payment cycle will continue in succeeding years as the grant is extended.

All applications will be reviewed in a standardized manner based on site need, benefit to the region, application requirements, and funding availability. Questions may be addressed to Art Turner, KDHE , (785) 296-5588

APPLICATION FORMAT

All application must be typed on a word processor or standard typewriter and the size of font must be no smaller than 12 point. Restrictions, if noted in the guidelines, must be followed.

Required items:

1. Application Submission Cover Sheet - Form A
2. Application Checklist - Form B
3. Program, Evaluation and Staff Narrative - Form C
4. Budget and Budget Justification - Form D
5. CTR/PCRS Site Checklist - Form E

Attachments:

Client Evaluation Tool

Job descriptions

501 (c) (3) Tax Exempt Certification Letter

Letter of Intent for Sponsoring Physician

Sample Confidentiality Agreement for Staff

Letters of Collaboration/Agreement

RESTRICTIONS

1. Submissions must include all required items as listed above. **Agencies making application MUST provide the agency's federal tax identification number.**
2. Submissions not addressing priority target populations will not receive a high priority in the grant review process.
3. Submissions not addressing supporting data such as CTR/PCRS, HIV Surveillance or STD surveillance data, will not receive a high priority in the review process.
4. Submissions not received by the cutoff date will not be considered for funding during this grant year.

REVIEW PROCESS INFORMATION

1. Scoring for each guideline will be determined by both a primary and secondary reviewer. The **maximum** number of points for each question is given in parentheses by the question.
2. All information should be answered thoroughly.
3. All evaluations of projects **must be measurable.**

SUBMISSION ADDRESS

Three copies of the application should be **mailed or HAND DELIVERED** to:

Kansas Department of Health and Environment
HIV/AIDS Section
1000 S W Jackson, Suite 210
Topeka KS 66612-1271
ATTENTION: ART TURNER

APPLICATION DEADLINE

****Application due date is the close of business Monday December 15, 2003.**

APPLICATION INSTRUCTIONS

Form A

Application Submission Cover Sheet

Required -Self Explanatory

Form B

APPLICATION CHECKLIST

Complete this form to ensure you have all required forms and attachments. Include this checklist with your application

Form C (POINT SYSTEM FOR JUDGING APPLICATIONS)

1. Justification of Need: Document, in writing, why you/your agency is interested in providing Rapid Testing HIV counseling and testing services? (HIV prevalence is an important indicator of HIV testing services in a geographic area.) (5 POINTS)
2. Organizational Philosophy: Document your agency's mission statement and/or philosophy and goals statement. How does this mission support your agency's application to implement Rapid testing HIV counseling and testing services? (2 POINTS)
3. Organization Expertise in HIV Service Delivery: What "expertise": does your agency have for providing this service? This may include prior HIV CTR service delivery, health education risk reduction activities, STD screening and education, etc. (5 POINTS)
4. Continuity of Service Provision: What services do you currently offer which would make Rapid testing HIV counseling and testing a natural complement to existing services provision? How would the expanded service delivery benefit the clients at your site? (3 POINTS)
5. Target Population(s): Address the target population you plan to reach. (10 POINTS)
 - a. What target population do you wish to reach with your rapid testing services?
 - b. What target populations do you currently serve?
6. Geographic Justification: (5 POINTS)
7. Work plan: (25 POINTS)
8. Referrals and Resource Documentation: (10 POINTS)

9. Site Diagram: (5 POINTS)
10. Staffing of PCR/CTRS Site: (10 POINTS)

FORM D

BUDGET AND BUDGET JUSTIFICATION (20 POINTS)

FORM E

CTR/PCRS SITE CHECKLIST See page 16

APPLICATION SUBMISSION COVER SHEET

Form A APPLICATION SUBMISSION COVER SHEET

Kansas Department of Health and Environment
HIV/STD Program
Rapid Testing Application

Proposed Target Population(s): _____

Agency Name: _____

Agency Address: _____

Agency Telephone () _____ FAX Number () _____

Federal Tax I.D. Number: _____

Sponsoring Physician: _____

Signature of Sponsoring Physician: _____

License #: _____

Address: _____

Address: _____

Site Supervisor/Manager (Contact Person): _____

Executive Director: _____ Financial Officer: _____

Telephone () _____ FAX: _____

Signature of Executive Director: _____

Amount of request: \$ _____

FORM B: APPLICATION CHECKLIST

Form B: APPLICATION CHECKLIST

Utilize this form to ensure that all required components of the application are included.

Form A	Cover Sheet
Form B	Checklist
Form C	Program, Evaluation and Staffing Information
Form D	Budget and Budget Justification
Form E	CTR/PCRS Site Checklist

ATTACHMENTS

Client Evaluation Tool for services received
Job Descriptions for Staff
501 (c) (3) Tax Exempt Certification letter
Confidentiality Agreement for Staff
Letters of Collaboration/Agreement

FORM C: PROGRAMMING, EVALUATION AND STAFFING INFORMATION

Form C Programming, Evaluation and Staffing Information

Please use additional paper to answer these questions. Please answer in sufficient detail to make your point. However, it is not necessary to write one page for each question.

1. Justification of Need.
2. Organizational Philosophy:
3. Organizational Expertise in HIV Service Delivery.
4. Continuity of Service Provision.
5. Target Population(s)
 - A. Target populations(s). Estimate the total number of Rapid tests that you anticipate using by age, race/ethnicity and sex.
 - B. What target population(s) do you currently serve, If different from proposed target populations.
 - C. Differences between target population(s) and current populations served.
 - D. Is this a priority target population identified by the community planning group in your region-if not, what is the justification for targeting this population.
 - E. Agency's ability to work with the target population(s) (attach letters of collaboration for the translation services, referral services and medical follow-up services that are culturally appropriate).
 - F. Cultural appropriateness of staff to deal with your target population, or plans to have consultants assist in the delivery of culturally and linguistically appropriate services.
6. Geographic Justification:
 - A. Proximity of the proposed site and outreach sites to the target population.
 - B. Proposed days and time of site and outreach site operation.
 - C. Proposed display of pamphlets, brochures, educational materials, video equipment, etc. Plans to receive pre-approval from KDHE Materials Review Committee, if new brochures are purchased that are not previously approved.
7. Work Plan:

List components of work plan. List plans to implement and the date for implementation. List the person responsible for the work plan and measurement methods. (Reference the Quality Assurance Guidelines for Testing Using the Rapid HIV-1 Antibody Test. This is available at the CDC web site under QA Guidelines for Rapid Testing.)

8. Referrals and Resource Documentation:

For tracking of referrals, please attach your referral tracking form.

- A. Resources and referral services; method(s) of referral tracking, and documentation of referrals made.
- B. Referral process for identifying, evaluating and updating referral sources in the site's operation manual.
- C. Immediate access to emergency psychological or medical services.
- D. Attach a copy of your client evaluation tool.

9. Diagram the physical layout of the CTR/PCRS site. **All sites must be handicap accessible. If not, a plan must be provided to accommodate special client needs.**

10. Staffing of CTR/PCRS site.

List staff indicating Major duties, credentials, training and Training dates, Special qualifications (culture, language, etc.)

- A. Provide a matrix.
- B. Attach written job descriptions for staff/counselors.
- C. On-site supervision plan (CTS/PCRS Protocol for Operations).

Form D Budget and Budget Justification

An electronic copy of this form is available at "www.kdhe.state.ks.us/doc_lib/index.html"

Attachment # 3

Detailed Budget for Grant Funds 1. LOCAL AGENCY: _____
SFY 2004 July 1, 2003-June 30, 2004 2. PROGRAM: _____

	FTE Salary for Grant Period	FTE % Time Worked	Local Applicant's Share	Requested from Grant	TOTAL
3. Personnel (Type of Position)					
FICA (7.65%) Retirement ()					
Category Total					
4. Travel					
Category Total					
5. Supplies					
Category Total					
6. Capital Equipment (ITEMIZE)					
Category Total					
7. Other (ITEMIZE)					
Category Total					
GRAND TOTAL					

KDHE USE ONLY: _____
AUDITED BY: _____

COMPLETION INSTRUCTIONS FOR DETAILED BUDGET FOR GRANT FUNDS

The budget is the plan for necessary financing to achieve the process and outcome objectives. The plan for financing should receive serious consideration so that few changes will occur to budget line items during the administration of the grant. If for some reason, **during the grant award period a variance of more than 10% should occur, an amended budget should be filed with Accounting Services**, Att: Gordon Foster or Kevin Shaughnessy, 1000 SW Jackson Ave., Suite 570, Topeka, KS 66612-1368. If you have questions, please contact Kevin Shaughnessy at (785) 296-1507.

1. PRINT OR TYPE THE NAME OF THE ORGANIZATION RECEIVING THE GRANT AWARD.
2. PRINT OR TYPE THE TITLE OF THE GRANT AWARD EXACTLY AS IT APPEARS ON THE CONTRACT/ATTACHMENT.
3. Each employee position should be listed separately with the position title and name of the employee (or "VACANT" if not currently filled). The "Salary for Grant Period" and "% Time Worked" should be based on full time equivalency (FTE). The percentage of time worked together with the salary should be shown in the appropriate columns.

FTE Salary for Grant Period should be the ANNUAL Salary. (If an hourly rate is paid then show the hourly rate TIMES the number of hours.)

FTE % Time Worked should be the percentage of time that position spends on the program.

Use the following formulas:

$$\text{FTE Salary for Grant Period} \times \text{FTE \% Time Worked} = \text{Total}$$
$$\text{Local Applicant's Share} + \text{Requested from Grant} = \text{Total}$$

Retirement and F.I.C.A. should be shown as separate items and are based on the total salary(ies) for the program. The F.I.C.A. rate **for 2002/2003 is 7.65%**. Please indicate the percentage rate used for retirement, insurance, etc., as each Local Agency differs in these areas. Please identify the salaries used in calculating retirement, insurance, etc.

4. Include only meals, lodging, transportation and other miscellaneous expenses. Do not include salary of employee during travel.
5. Expendable supplies include all types of supplies. Do not include capital items.
6. Capital Equipment is defined as items costing \$500 or more with a useful life greater than one year. **If possible, either avoid budgeting for capital equipment or show it financed in the Local Applicant's share column.** Capital Equipment purchased with State or Federal funds (except State Formula funds or other special grant funds) must be carried on the equipment inventory of KDHE, and KDHE and the individual local health agencies must annually account for the equipment. Each capital item to be purchased with grant funds should be **listed separately**.
7. Expenditure items in the "Other" category would include contractual services such as consultants, rental of equipment, etc. Each projected expenditure item in the "Other" category should be listed separately.

INDIRECT COST AND CONTRIBUTIONS ARE ACCEPTABLE AS PART OF THE **LOCAL MATCH ONLY**, AFTER THE AGENCY HAS SUBMITTED AN ANNUAL INDIRECT COST PROPOSAL WHICH MEETS KDHE REQUIREMENTS. Items included in the indirect cost computation cannot be included as direct cost items.

ATTACH ADDITIONAL SHEET(S) AS NECESSARY.

Form E: CTR/PCRS SITE CHECKLIST

Utilize this form to ensure that all components of the CTR/PCRS Site are in place.

- _____ Site Location
- _____ Americans with Disabilities Act (ADA) Compliance Plan
- _____ Proposed Days/Times of Operation
- _____ Site Diagram/Floor Plan (ADA Compliance Plan)
- _____ Proposed Target Population(s) and Strategies to Reach Them
- _____ Proposed Staffing of the Site
 - HIV/AIDS Training Documentation
 - RN/LPN Licence
 - CTR/PCRS Training Documentation
- _____ Letter of Commitment from Site Sponsoring Physician (M.D. License Number)
- _____ Plan for Secured, Confidential Storage of Records
- _____ Plan for Secured Storage of Supplies (Test kits, medical supplies, etc.)
- _____ Proposed Annual Budget for Operations and Justification
- _____ Confidentiality Statements from Site Staff
- _____ Letters of Collaboration/Agreement, as applicable
 - Community Based Organizations
 - Community Planning Group
 - Medical Referral Services
 - Translation Services
- _____ Work Plan
- _____ Attachments
 - Client Evaluation Tool for services received
 - Job Descriptions for Staff
 - 501 (c) (3) Tax Exempt Certification letter
 - Confidentiality Agreement for Staff
 - Letters of Collaboration/Agreement